Name in Full Wolf, Albert, Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1930 Month Feb Day 5 Age Y. 40 M. D. Native of Md Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife X X

Father's Name X Mother's Name X

Cause of Death Primary Dementia, How long sick 2 mos

Immediate Pulmonary Tuberculosis ~~Accident, Suicide, Homicide~~

Reported by [illegible] Made

Address Md Hospital Catonsville,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Thos. Allen

Certificate of Death

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 12 Day 24 Age Y. 6 M. 5 D. Native of N.Y. Occupation Gardner

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children~~ living

Husband of

Wife

Father's Name

Mother's Name 73

Cause of Death { Primary Acute Pleurisy | How long sick 10 days

Immediate Pulmonary Oedema | Accident, Suicide, Homicide

Reported by Dr. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In. Balto. 17 Yrs.

Name in Full

Clara S. Althoff

Certificate of Death

Died at Town Pikesville County Balt MARYLAND

Date 1900 Month 2 Day 6 | Age Y. 29 M. D. | Native of Md | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living four

Husband of Wife Joseph F Althoff

Father's Name James Ford

Mother's Name Eliza Ford

Cause of Death: Primary Pneumonia 72

Immediate Heart failure

How long sick

~~Accident, Suicide, Homicide~~

Reported by H Louis Naylor

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Infant no name Barnett

Certificate of Death

Died at: Town: Near Towson — County: Bucks — MARYLAND

Date 1900 Month: Feb. Day: 5th — Age: Y. M. D. — Native of — Occupation

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — Divorced — Number of children living 2

~~Husband~~ ~~Wife~~ of Infant

Father's Name: C.P. Barnett — Mother's Name: Lizzie Arnold

Cause of Death — Primary: Premature 138 — How long sick: 3 days

Immediate: Inanition 3-14/900 — ~~Accident, Suicide, Homicide~~

Reported by: Dr R. C. Massenburg

Address: Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

P.C.I 122

Name In Full: Lola Elizabeth Bartholomay

Certificate of Death

Died at Town: Harrisonville County: Balto MARYLAND

Date 1900 Month 2 Day 12 Age Y. 0 M. 2 D. 21 Native of Md Occupation infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Lewis Bartholomay

Mother's Name: Martha N. Bartholomay

Cause of Death: Primary Pneumonia 72 How long sick 3 days,

Immediate Meningitis ~~Accident, Suicide, Homicide~~

Reported by J. E. Balto.

Address Harrisonville Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Emma Jane Bull

Died at Granite Town, Baltimore County, MARYLAND

Date 1920 Month Feb Day 22

Age Y. 2 M. 1 D. 3

Native of Md

Occupation —

~~Male~~ Female

~~White~~ Colored

~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Wm Bull

Mother's Name Emma J Bull

Cause of Death: Primary Acute Ancillary Tuberculosis 24 days

Immediate Exhaustion End Coma

How long sick

~~Accident, Suicide, Homicide~~

Reported by H. D. Shipley M.D.

Address Granite Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Ellen M. Biden,

Certificate of Death

Died at: Town: Mt Winans County: Baltimore MARYLAND

Date 1900 Month: February Day: 11th Age Y. 19 M. 6 D. 5 Native of: A. A. County Occupation: House Wife

Male / Female White / Colored Married / Single Widow / Widower Divorced / Number of children living: One

~~Husband~~ Wife of: Charles H. Biden.

Father's Name: Nickolas Lowman Mother's Name: Maria Ellen Lowman

Cause of Death: Primary: Sloughing Bed Sore How long sick: 10 weeks

Immediate: Septicaemia 14 ~~Accident, Suicide, Homicide~~

Reported by: Frank H. Buhl M. D.

Address: Lansdowne Balt. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

X 6001 Rose

Olga Blumberg

Died at Town Towson County Balto. Co. MARYLAND

Date ~~189~~ 1900 Month 2 Day 13 | Age Y. 23 M. — D. — | Native of Md. | Occupation Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband of~~

~~Wife~~

Father's Name

Mother's Name 22a

Cause of Death { Primary Phthis Polmonalis

Immediate Inanition

How long sick 3 years

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. Royston Green, M. D.

Address Towson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full #6043 Certificate of Death

Susan Bond

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 2 Day 27 Age Y. 76 M. D. Native of Md Occupation Peddler

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Maiden Name 7.3

Cause of Death Primary Acute Pleurisy How long sick 8 days

Immediate asthenia Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

In Balto 64 yrs.

Name in Full

Certificate of Death

Rachel Boston

Died at near Town Ellicott City County Balto. MARYLAND

Date 1900 Month Feb. Day 7 | Age Y. 49 M. D. | Native of Md. | Occupation home duties

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Ephriam Snowden

Father's Name William Boston Mother's Name Barbaria Boston

Cause of Death: Primary Paralysis 44 | How long sick 5 weeks

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Willeinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. M. B. Rogers

of Ellicott City Md.

Seen by Coroner —

of —

Information contained in this certificate received

from Endora Snowden

of Near Ellicott City Md

Name in Full *6016 John Brown

Certificate of Death

Died at Bay View Asylum (Insane Dept.) Baltimore County MARYLAND
(Town) (County)

Date	Month	Day	Age Y.	M.	D.	Native of	Occupation
1900	Feby	18th	40	—		Baltimore	Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of ~~Wife~~ Jennie Brown 1320 N. Calhoun St.

Father's Name — Mother's Name 45

Cause of Death: Primary — General Paresis

Immediate — Exhaustion

How long sick 4 months

Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Ellen Bunton

Certificate of Death

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 12 Day 21 | Age Y. 65 M. D. | Native of md | Occupation Domestic

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Wife Hampton Bunting. 1710 Etting St.

Father's Name

Mother's Name 97

Cause of Death: Primary Uraemia. Nephritis | How long sick

Immediate Pulmonary Oedema | Accident, Suicide, Homicide

Reported by Dr. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 25. yrs.

Name in Full

Certificate of Death

Temperance Ann Burnham

Died at Town Brooklandville County Baltimore MARYLAND

Date 1900 Month 2. Day 25 Age Y. 12. M. D. Native of Md Occupation none

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Edward Burnham Mother's Name Hannah Burnham

Cause of Death Primary Diabetes Mellitus How long sick 2 yrs

Immediate 28 Accident, Suicide, Homicide

Reported by H Louis Naylor M.D.

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Owen B. Burton

Certificate of Death

Died at Town Greenwood County Balto. MARYLAND

Date 19 00 | Month 2 | Day 24 | Age Y. 88 M. D. | Native of Md | Occupation Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of ~~Wife~~ Louisa Todd

Father's Name

Mother's Maiden Name

Cause of Death: Primary — 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Towson Union

Address

3-3-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Lucy Butler

Certificate of Death

Died at Mt Winans, Baltimore MARYLAND

Town County

Date 1900 Month Feb Day 6th | Age Y. 21 M. 6 D. — | Native of Md | Occupation Cook

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Edward Butler

Father's Name Robert Sylvester | Mother's Name Carrie Butler

Cause of Death: Primary Consumption 22a | How long sick about 15 months

Immediate | ~~Accident, Suicide, Homicide~~

Reported by John. P. Jarnet, coroner

Address Mt Winans Balto County md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner John. P. James

of Mt Wmans Balto Co Md

Information contained in this certificate received

from Robt Tyler

of Mt Wmans Balto Co Md

L. H. Parker

Name in Full #6024 Certificate of Death

Charles Chase

Died at Town Bay View Asylum (Insane Defsh) County Baltimore County — MARYLAND

Date 1900 Month Feby Day 19th | Age Y. 49 M. D. — | Native of Maryland | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of Sarah E. Chase 1117 Shields Alley

Father's Name

Mother's Name

Cause of Death: Primary Rupture of aortic aneurism | How long sick 1½ yrs here

Immediate 5-9 | Accident, Suicide, Homicide

Reported by R. A. Urquehart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Native of Maryland
in Dalhmin 11 Years

Name in Full

Certificate of Death

Barbara Chenoweth

Died at Town Upper Falls County Baltimore MARYLAND

Date 1900 Month 2 Day 11 | Age Y. 64 M. D. | Native of | Occupation Postmaster

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 5

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary 26 | How long sick

Immediate Rheumatism of heart | Accident, Suicide, Homicide

Reported by Towson Union.

Address Feb. 17, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Paul Cole.

Certificate of Death

Died at Town Granite County Balto MARYLAND

Date 1900 Month 2 Day 23 Age Y. 4 M. 1 D.

Native of Md. Occupation Farmer.

~~Male~~ ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number ~~of children~~ living 81

~~Husband~~ ~~Wife~~ of

Father's Name Julius Cole

Mother's Name Dely Cole.

Cause of Death: Primary Gastromalacia + Mal Assimilation. How long sick 2 months

Immediate Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by Wm. H. Ward. A. B. M.D.

Address Granite. Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78046

RIDER, MD.

BALTIMORE TIMOR

FEB 24 FEB

19 M D. M D.

RECEIVED

5

RECEIVED

To Health Commissioner.

of Balto County.

~~Finsend~~.

Balto Co.

Rider Md.

H B Stevenson

Name in Full Alisa Coleman

Certificate of Death

Died at Town Sparrows Point County Baltc. MARYLAND

Date 1910 Month Feb 14th Day | Age Y. 1 M. 10 D. | Native of Md. | Occupation none

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Thos Coleman

Mother's Name Mary Coleman

Cause of Death — Primary Pneumonia 72 — How long sick 2 days

Immediate — Accident, Suicide, Homicide

Reported by G. C. McC. Cornick M.d.

Address Sparrows Point Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full | Certificate of Death

Margaret Ada Corbin,

Died at Town: Cub Hill County: Balto. Co. MARYLAND

Date 1900 Month Feb. Day 23 | Age Y. - M. 2 D. -23 | Native of Balto Co | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband / Wife of

Father's Name Jefferson Corbin | Mother's Neme Ada P. Blakely

Cause of Death: Primary Pneumonia Lobar | How long sick 5 days

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by A. X. Whitefield for L. F. Whitefield MD.

Address Perkville Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Edward Cowling

Died at Town Det. Washington County Balt MARYLAND

~~Date 189~~ 1900 Month Feb Day 5 | Age Y. 49 M. D. | Native of England | Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name

Mother's Name

25 g

Cause of Death { Primary Malignant Growth | Immediate Exhaustion

How long sick 4 months

~~Accident, Suicide, Homicide~~

Reported by Dr J. S. Bowen

Address Det c Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Wm Cully

Town County

Died at Alms House Balto. Co MARYLAND

Date ~~189~~ 1900 Month 2 Day 6 | Age Y. 69 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary Immediate Pulmonary Tuberculosis | How long sick | Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Texas Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Emanuel Day

Died at Town: Mt Winans County: Baltimore MARYLAND

Date 1900 Month 2 Day 17 | Age Y. 2 M. 6 D. | Native of U. S | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number ~~of children living~~

Husband / Wife of Wm Day

Father's Name Wm Day | Mother's Name Lily Dorsey

Cause of Death: Primary Pneumonia 72 | How long sick 2 Weeks

Immediate | Accident, Suicide, Homicide

Reported by G W Rusk M.D.

Address Mt Winans Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

John H. Parker

Name in Full

Certificate of Death

Edward M Diggs

Died at Town Towson County Baltimore MARYLAND

Date ~~Year~~ Month First Day 26th | Age Y. M. D. 10 | Native of Maryland | Occupation ——

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living Six

Husband of Wife

Father's Name George Diggs

Mother's Name Martha Diggs

Cause of Death: Primary Measles

Immediate Pneumonia

How long sick Two Weeks

~~Accident, Suicide, Homicide~~

Reported by Q. H. V. Garrett M.D.

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

6046 Jeremiah Donnelly

Died at Town: Catonsville County: Balto. MARYLAND

Date 1900 Month: Feb. Day: 24	Age Y. 31 M. 6 D. 13	Native of Md	Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widowed~~ Widower ~~Divorced~~

~~Number of children living~~

Husband of — 97

Wife

Father's Name: Bernard Donnelly Mother's Name: Bridget Donnelly

Cause of Death — Primary: Tubal Nephritis (Brights) How long sick: about 3 mo.

Immediate: Pulmonary Oedema ~~Accident, Suicide, Homicide~~

Reported by: David H. Stultz M.D.

Address: Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Edward Herbert Dorsey.

Died at Town: Arbutus County: Baltimore MARYLAND

Date 1900 Month: Feby. Day: 6th | Age Y. 5 M. 10 D. 25 | Native of Maryland | Occupation ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife X

Father's Name Edw. H. Dorsey. Mother's Name Victoria T. Dorsey.

Cause of Death: Primary Lobular Pneumonia — How long sick 5 days.

Immediate — ~~Accident, Suicide, Homicide~~

Reported by Wm. R. Earickson,

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full *5967

Florence A. Douglass

Certificate of Death

Died at Town: Mt Hope Retreat County: Balto Co MARYLAND

Date 1900 Month: 2nd Day: 3rd | Age Y. 38 M. – D. – | Native of S. Carolina | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name 46

Cause of Death: Primary Melancholia - Post Typhoid - How long sick abt 2 mos -

Immediate Syncope - Accident, Suicide, Homicide

Reported by Frank J. Flannery MD

Address Mt Hope Retreat Mt Hope, Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Belongs to S. Carolina -

Name in Full

Certificate of Death

#6017 Michael Duffy

Died at Town Port Washington County Balt MARYLAND

Date 1900 Month Feb Day 18 | Age Y. 72 M. - D. - | Native of Ireland | Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 44

Immediate Paralysis

How long sick 4 yrs.

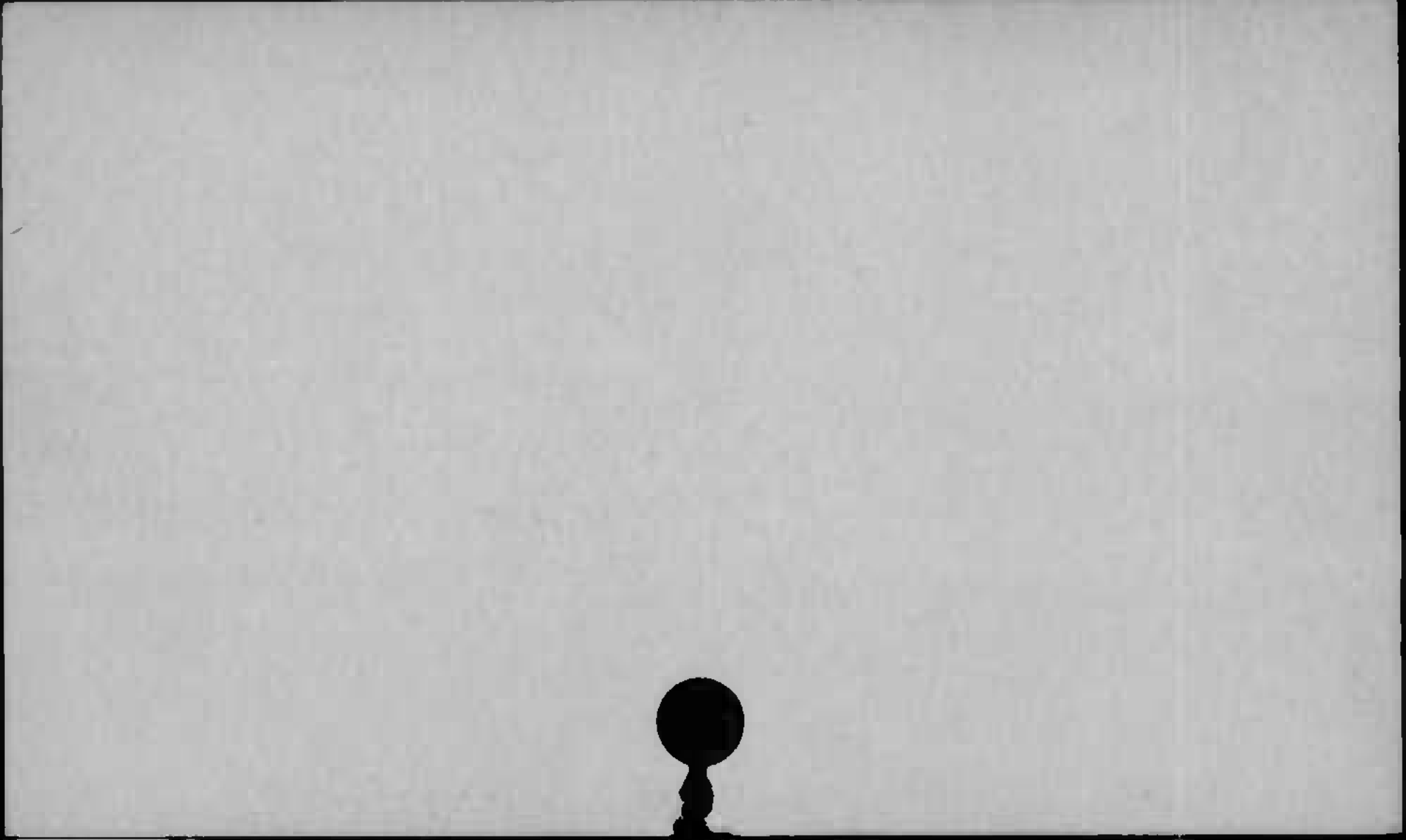
Accident, Suicide, Homicide

Reported by Dr J. S. Bowen

Address Port Washington Gow

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full #6036 James P Dunlay,

Certificate of Death

Died at Town Sparrows Point, County Baltimore County, MARYLAND

Date ~~1900~~ 1900 – Month 2 – Day 25 | Age Y. 31 M. – D. – | Native of | Occupation –

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 145-d

Cause of Death: Primary

Immediate Killed by railroad train

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by S. M. Drayer, Justice of Peace

Address Sparrows – [redacted] Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. .....

of .....

Seen by ~~Coroner~~ J.P. S. M. Drayer

of Sparrows Point Md.

Information contained in this certificate received

from .....

of .....

Name In Full — Certificate of Death

Robert Smith Elder

Died at Town: Green Spring Valley County: Balto. MARYLAND

Date 1900 — Month: 2 Day: 6 — Age Y.: 64 M.: D.: — Native of: Md — Occupation: farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living: 7

~~Husband~~ Wife of Susan Gordon Ross

Father's Name: Geo. Elder — Mother's Maiden Name: 97

Cause of Death — Primary: Bright's disease & — How long sick:

Immediate: Pneumonia — Accident, Suicide, Homicide:

Reported by Dawson Union

Address [illegible] 2-10-1900

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 29998

Name in Full #6009 Charles Engel.

Certificate of Death

Died at Town Highlandtown County 3434 E Balto St MARYLAND

Date 900 Month 2 Day 15 Age Y. 1 M. 10 D. — Native of Md Occupation — —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name Herman L. C. Engel. Mother's Name Katie Engel.

Cause of Death: Primary Pneumonia and Dentition — How long sick 6 weeks.

Immediate Convultions 72 — Accident, Suicide, Homicide

Reported by J C Schofield MD

Address 1400 First St. Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706

Name in Full John P. Fahey

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 1900 Month Feb Day 28 | Age Y. — M. 2 D. — | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

72

Father's Name Michael Fahey Mother's Name Annie Kavenay

Cause of Death Primary Lobar Pneumonia How long sick about 4 days

Immediate Pleurisy ~~Accident, Suicide, Homicide~~

Reported by Dr Sauer

Address Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Catharine Fifer

Town County

Died at near Pikesville Balto MARYLAND

Month Day Y. M. D. Native of Occupetion

Date 189 Feb 10 1900 Age 65

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ married ~~Widower~~ Number of children living

Husband of

Wife

Father's ~~Mother's~~

Name Name

Cause of Death { Primary Hypertrophy heart 57 | How long sick

Immediate impeded circulation | Accident, Suicide, Homicide

Reported by Elias C Price M D

Address

Must be signed by physician, if eny in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Cas H Kraft Undertaker

of of Pikesville md

Name in Full Clarence E. Fisher

Certificate of Death

Died at Town Sparrows Point County Baltimore MARYLAND

Date 1900 Month Feb Day 25th Age Y. 1 M. D. Native of Balto. Co Occupation ——

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Geo. W. Fisher Mother's Name Lizzie Fisher

Cause of Death Primary Measles 5 How long sick 1 week

Immediate Nephritic & Uremia ~~Accident, Suicide, Homicide~~

Reported by G. C. McCormick M.D.

Address Sparrows Point

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Melvin E. Fisher

Certificate of Death

Died at Town Green Spring Valley County Balt MARYLAND

Date 1900 Month 2 Day 1 Age Y. 2 M. 1 D. Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Earnest Fisher

Mother's Name Rebecca Fishen

Cause of Death

Primary Subjected Indigestion

Immediate Convulsions 140

How long sick 4 hours

Accident, Suicide, Homicide

Reported by H. Louis Naylor M.D

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full 5978 Nellie Fisher #5978

Certificate of Death

Died at Town B. V. Asylum County Balto Co MARYLAND

Date 1900 Month 2 Day 4 Age Y. 19 M. D. Native of Balto. Occupation Unknown

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Secondary Asthenia; Immediate Phthisis Pul

How long sick: One wk in Hosp.

Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full 96031 Leon Frederick

Certificate of Death

Died at Town Germantown County Balto MARYLAND

Date ~~189~~ 1900 Month 2 Day 24 Age Y. 3 M. 7 D. 24 Native of Balto. Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Leon Frederick Mother's Name Catherine Kelly F.

Cause of Death Primary Measles 5 [redacted] How long sick 2 wks.

Immediate Broncho pneumonia ~~Accident, Suicide, Homicide~~

Reported by Geo H Hocking M.D.

Address Sta St. Balto.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full #5995 Certificate of Death

Wm Gardner

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 2 Day 12 | Age Y. 45 M. D. | Native of Balto | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name | Mother's Name 128

Cause of Death: Primary Cellular Inflammation of arm | How long sick

Immediate Septicemia | Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Pleasant Garrison

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 2 Day 19 Age Y. 106 M. D. Native of Va Occupation —

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of ~~children living~~

Husband of Wife Lon's Residence 125 Bethel St.

Father's Name 5-9 Mother's Name Baltimore

Cause of Death Primary Arteriosclerosis How long sick Death Sudden

Immediate Cerebral Hemorrhage Accident, Suicide, Homicide

Reported by Jr. Holland Jr. M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 22. yrs.

Name in Full Joseph German

Certificate of Death

Died at Town Towson County Balto. MARYLAND

Date 19 Month 2 Day 9 | Age Y. 17 M. D. | Native of | Occupation Clerk

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children~~ living

Husband of
Wife

Father's Name Henry German

Mother's Maiden Name 142 E

Cause of Death: Primary

Immediate ~~Gun shot~~

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Baltimore Co. Democrat

Address

2-10-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889

Name in Full: Edward Gorsuch

Certificate of Death

Died at: Town: Sec. Bowen's County: Harm. Balt Co. MARYLAND

Date: 1900 Month: 2 Day: 28 Age: Y. 1 M. 7 D. Native of: Md Occupation: —

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: Hubert Gorsuch Mother's Name: Edna Gorsuch

Cause of Death: Primary: Pneumonia 72 How long sick: 2 weeks

Immediate: Exhaustion ~~Accident, Suicide, Homicide~~

Reported by: S. Woodward M.D.

Address: Sparrow's Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full William Gould

Certificate of Death

Died at Town North Point Creek County Bale MARYLAND

Date 1900 Month 2 Day 11 | Age Y. 50 M. about D. | Native of | Occupation Dredger

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Maiden Name 57

Cause of Death: Primary Heart disease | How long sick

Immediate Hypertrophy & thickening of | Accident, Suicide, Homicide

Reported by A. A. Riley, M.D.

Address 1637 Broadway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Americus Grey

Certificate of Death

Town County

Died at Alms House Balto MARYLAND

Date ~~189~~ 1900 Month 2. Day 9 | Age Y. 78 M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate Paralysis

How long sick

Accident, Suicide, Homicide

Reported by S. C. Bussey

Address Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Clarence Elmer Grimm

~~Town~~

County

Bulto.

Died at

MARYLAND

	Month	Day		Y.	M.	D.	Native of	~~Occupation~~
Date 1900	Feb.	6.	Age	3.	5.	25	Md.	

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Wm. Grimm

Mother's Name Josephine Brenemaw

Cause of Death

Primary Diphtheria 8a

Immediate Heart failure

How long sick 6 days.

~~Accident, Suicide, Homicide~~

Reported by H. W. Fox M.D.

Address Sitzland. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full — Certificate of Death

Mrs. Ella Carter Guy

Died at Town: Towson — County: Baltimore — MARYLAND

Date 19 00 — Month: 2 — Day: 16 — Age: Y. M. D. — Native of — Occupation

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 9

~~Husband~~ Wife of J. Edward Guy

Father's Name Uriah Carter — Mother's Maiden Name

Cause of Death — Primary — Immediate — 161 — How long sick

Accident, Suicide, Homicide

Reported by

Address

Towson Union, Feb. 17, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5959 Certificate of Death

John Gwynn

Died at Town Mt Hope Retreat County Balto Co MARYLAND

Date 1900 Month 2 Day pt | Age Y. 69. M. — D. — | Native of Supposed to be Md. Unknown | Occupation Unknown

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name 46

Cause of Death: Primary Mania Chron. Lately Complicated by Epileptoid attacks | How long sick 1922-4 0 yrs here

Immediate Exhaustion from Eclampsia | Accident, Suicide, Homicide

Reported by Frank J. Flannery. M.D.

Address Mt Hope Retreat Mt Hope Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Comfort Agnes Hampsher

Died at — Town: Eklo. — County: Balto, — MARYLAND

Date 1900 — Month: Feb. — Day: 9. — Age: Y. 69. M. - D. 4 — Native of: Md. — Occupation: Farmer.

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 7.

~~Husband~~ / Wife of Jacob B. Hampshire.

Father's Name: Jacob Stubler — Mother's Name: Debora.

Cause of Death — Primary: Brights disease. — Immediate: Uraemia.

How long sick: Two Years.

~~Accident, Suicide, Homicide~~

Reported by H. M. Fair M.D.

Address Seltzland. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificate of Death

Dutton A. Helfrich,

Died at Town: Catonsville County: Balto. MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
2	18	32	—	—		

Date 19 00 | Age

Male ~~Female~~ | White ~~Colored~~ | Married · Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name Saml. Helfrich

Mother's Maiden Name Kate Goll Helfrich

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Argus

Address

2-24-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70208

Name in Full

Certificate of Death

Sophronia E. Herbert

Town County

Died at Spanish Point. Balto. MARYLAND

Date ~~1909~~ 1911 Month Day Feb. 15 | Age Y. M. D. 10 15 | Native of md | Occupation none

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Chas E. Herbert, Mother's Name Eliza Bush

Cause of Death { Primary Measles 5 | How long sick 4 weeks

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Frank C. Eldred M.D.

Address Spanish Point.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Catharine Hessler

Died at Town: Canton County: Baltimore MARYLAND

Date ~~1900~~ Month: Feb. Day: 8 | Age Y. 3 M. D. | Native of Md | Occupation —

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living —

Husband / Wife of —

Father's Name Frantz A. Hessler

Mother's Name Elizabeth Hessler

Cause of Death: Primary Pneumonia 72

Immediate Asphyxia

How long sick two weeks

~~Accident, Suicide, Homicide~~

Reported by A. L. Warner M.D.

Address 1170 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

Henry J. Hick

Died at Town Gawson County Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 19 00	2	26	Age 33			

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 2

Husband of Wife

Father's Name Peter Hick

Mother's Maiden Name

Cause of Death: Primary 100 — How long sick

Immediate Kidney trouble — Accident, Suicide, Homicide

Reported by Gawson Democrat

Address [redacted] 3-3-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 29808

Name In Full — Certificate of Death

Mary J Howard

Died at — Town: Towson — County: Baltimore — MARYLAND

Date 1900 — Month: Feb — Day: 18th — Age: Y. 65 M. D. — Native of: Maryland — Occupation: domestic

~~Male~~ Female — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: one

~~Husband~~ Wife of Joshua Howard

Father's Name: Do not Know — Mother's Name: Do not Know

Cause of Death — Primary: Heart Disease — How long sick: 5-7

Immediate: Apoplexy — ~~Accident, Suicide, Homicide~~

Reported by: D.J.G. Janes

Address: Towson

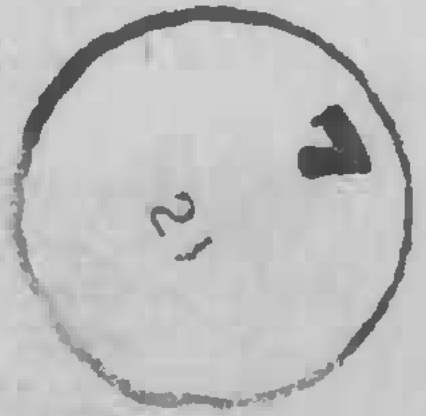
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70688

Local Health Office

10 South St

City



Name in Full

Certificate of Death

Annie Hudac

Died at Town Spanners Point County Balto. MARYLAND

Date ~~190~~ 1908 Month Feb. Day 11 | Age Y. — M. — D. 7 | Native of Md | Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name John Hudac. Mother's Name Lizzie Preshak.

Cause of Death: Primary Infantile Indigestion | How long sick 24 hours

Immediate Convulsions 82 | ~~Accident, Suicide, Homicide~~

Reported by Frank C. Eldred M.D.

Address Spanners Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Jesse Ireland

Certificate of Death

Died at ~~Town~~ Reisterstown County Balto MARYLAND

Date ~~Day~~ 1900 Month Feb Day 4 | Age Y. 23 M. 11 D. 2 | Native of Maryland | Occupation Coachman

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Sampson Ireland

Mother's Name Harriet Ireland

Cause of Death: Primary Tuberculosis 22a — How long sick 18 Mos.

Immediate Pulmonary Hemorrhage — Accident, Suicide, Homicide

Reported by H. M. Flade

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Alex. Johnson

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 2 Day 12 | Age Y. 42 M. D. | Native of Balto | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number ~~of children living~~

Husband of Wife

Address 938 S. Eutaw St

Father's Name

Mother's Name

256

Cause of Death

Primary Carcinoma of Stomach

Immediate Asthenia

How long sick Indefinite

Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

5980 George W. Johnson

Died at Town Canton County Balto MARYLAND

Date 1900 Month 2, Day 6, Age Y. 50 M. – D. – Native of Md Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 4

Husband of Wife — dead. 57

Father's Name — Mother's Name —

Cause of Death: Primary Mitral Disease of Heart. How long sick 3 mo.

Immediate Dropsy, ~~Accident, Suicide, Homicide~~

Reported by J. C. Schofield MD

Address 1400 First St Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full #6006 Jas. H. Johnson

Certificate of Death

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 2 Day 12 | Age Y. M. D. 26 | Native of Md | Occupation Rag picker

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of address 1130 Comet St.

Father's Name W. F. Johnson | Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis | How long sick Indefinite

Immediate Asthenia | Accident, Suicide, Homicide

Reported by W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 12 yrs.

Name in Full

Certificate of Death

Rachel Johnson Col

Died at Town: St Georges County: Balto MARYLAND

Date 1900 Month: Feb Day: 22 | Age Y. 56 M. D. | Native of Carroll Co | Occupation Cook

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Henry Johnson

Father's Name Allen Thompson | Mother's Name Fannie Thompson

Cause of Death: Primary Pneumonia 72 hours | How long sick 7 days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by James Gorsuch M.D.

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in F[redacted] Pembroke Jones

Certificate of Death

Died at Town Sharon County Baltimore MARYLAND

Date ~~Dec~~ 1900 Month 2 Day 24 | Age Y. 35 M. ~ D. | Native of Maryland | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 33

Father's Name ———————— Mother's Name Jane Jones

Cause of Death: Primary — Hodgkin's Disease — How long sick 8 months

Immediate — Heart-Failure — ~~Accident, Suicide, Homicide~~

Reported by Millard Stirling M.D.

Address [redacted] Sharon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Nelson Justice

Died at Town Falls Road County Balto. MARYLAND

Date 1900 Month 2 Day 4 | Age Y. 35 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband of Wife

Father's Name

Mother's Maiden Name 26

Cause of Death { Primary | Immediate Rheumatism of heart | How long sick | Accident, Suicide, Homicide

Reported by Baltimore Co. Democrat

Address 2-10-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Keech

Certificate of Death

William Scott Keech

Died at Town Towson County Balto MARYLAND

Date 1900 Month 2 Day 1 Age Y. 64 M. 6 D. Native of Md Occupation Lawyer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced Number of children living 3

Husband ~~Wife~~ of Rose Keech

Father's Name J. R. Keech Mother's Name —

Cause of Death Primary Hemiplegia 42 How long sick 6 days

Immediate Uraemic Poison ~~Accident, Suicide, Homicide~~

Reported by Dr R. C. Massenburg

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full 5964 Certificate of Death

Minni Lample

Died at Town 220 Donnell St County Canton Balto Co MARYLAND

Date 1900 Month 2 Day 2 Age Y. M. D. 2 Native of Balto Co Occupation none

Male White ✓ Married Widow Divorced

Female ✓ Colored Single ✓ Widower Number of children living 72

Husband of Wife

Father's Name John Lample Mother's Name Minni Lample

Cause of Death Primary Lobar Pneumonia How long sick 4 weeks

Immediate Mitral Regurgit. ~~Accident, Suicide, Homicide~~

Reported by A J Sauer M D

Address 220 Donnell St Balto Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

#6012 Richard Stewart Latrobe

Died at Town: Sheppard & E.P. Hosp'l. County: Balto. Co MARYLAND

Date ~~1900~~ 1900 Month: Feb. Day: 14 | Age Y. 55 M. D. | Native of: Maryland | Occupation: Lawyer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Mary M. Latrobe

Father's Name John H. B. Latrobe | Mother's Name Mrs. John H. B. Latrobe

Cause of Death: Primary Paresis 45 | How long sick 3 yrs.

Immediate Exhaustion from Paresis | ~~Accident, Suicide, Homicide~~

Reported by Edward N. Brush M.D.

Address Towson Md. Per C.M.F.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Alfred Lowe

Died at Town: Delight — County: Balto — MARYLAND

Date 1900 Month: Feb Day: 3

Age Y. 94 M. 9 D. 15

Native of: Md

Occupation: Farmer

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary 141

How long sick: Died suddenly

Immediate: Old age

~~Accident, Suicide, Homicide~~

Reported by H. M. Slade

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Name in Full

Certificate of Death

#6998 Mathew McLaughlin

Died at Town: Canton County: Baltimore MARYLAND

Date 1900 Month: Feb Day: 14th | Age Y. 62 M. — D. — | Native of Ireland | Occupation Flagman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living Three

Husband ~~Wife~~ of Margaret McLaughlin

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death — Primary: Cirrhosis of Liver | How long sick Two months

Immediate: Exhaustion 90 | ~~Accident, Suicide, Homicide~~

Reported by E J Williams MD

Address 1114 Chesapeake St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #6004

Mrs L. S - Macon

Certificate of Death

Died at Town: Mt Hope Retreat County: Baltimore MARYLAND

Date 1900 Month: 2nd Day: 14 | Age Y. 63 M. — D. — | Native of N. C | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name 46

Cause of Death: Primary Melancholia - Post Bulbar Paralysis; How long sick —

Immediate Ex from Hypostatic Congestion of Lungs - Frank J Flannery MD

Accident, Suicide, Homicide —

Reported by

Address Mt Hope Retreat Balto Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #6018 Malehorn, Lucinda.

Certificate of Death

Died at Town Catonsville County Balto. MARYLAND

Date 1909. Month Feb Day 17 | Age Y. 62 M. D. | Native of Md | Occupation Stenographer

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widows~~ Number of children living x

Husband of Wife x

Father's Name x Mother's Name x

Cause of Death: Primary Mania 46 | How long sick 24 hours.

Immediate Pulmonary Oedema | ~~Accident, Suicide, Homicide~~

Reported by Percy Wade,

Address Md Hospital Catonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

647 N Saratoga Rd
Mr Williams

Name in Full #6008 Certificate of Death

Leonard B. March

Died at Town Mt. Winans County Balto. Co. MARYLAND

Date 1900 Month 2 Day 14 Age Y. 3 M. 2 D. 8 Native of Maryland Occupation —

Male male White White ~~Married~~ — ~~Widow~~ — Divorced —

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of — — —

Wife

Father's Name John March Mother's Name Pauline March

Cause of Death Primary Diarrhoea 82 How long sick 3 weeks

Immediate Inanition ~~Accident, Suicide, Homicide~~

Reported by Dr Harry Boyd

Address 1602 Columbia Balto. Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Harry Boyd

of Baltimore City

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Margaret Marony

Certificate of Death

Died at Town Ruxton County Baltimore MARYLAND

Date 1900 Month Feb Day 5th | Age Y. 3 M. 6 D. | Native of Maryland | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Dr F Marony

Mother's Name Mrs M Marony

Cause of Death: Primary Group 8 C

Immediate Convulsions

How long sick Two days

~~Accident, Suicide, Homicide~~

Reported by D H Garrett M D.

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Grace Marshall

Died at Town Melvale County Balto MARYLAND

Date ~~189~~ 1911 Month Feb. Day 18 | Age Y. 15 M. — D. — | Native of Md. | Occupation Milkman

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife —

22a

Father's Name John Marshall Mother's Name Sarah Marshall

Cause of Death: Primary Acute Pulm. Tuberculosis. How long sick 5 weeks

Immediate Asthenia Accident, Suicide, Homicide

Reported by W. Winsey MD.

Address Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Mrs. Jane Marshall

Certificate of Death

Died at Town: Sweet Air County: Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
2	24	74				

Date 19 ~~Male~~ Female

~~White~~ ~~Colored~~

Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Caleb Marshall

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Towson Union

Address

2-3-190

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full Martin, Martha.

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1900. Month Feb Day 5 | Age Y. 54 M. D. | Native of Md | Occupation None.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ X

Husband of Wife X

Father's Name X

Mother's Name X

Cause of Death: Primary Mania. How long sick 1 month

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by J. Perez Made

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wilhelmina Trasher

Certificate of Death

Died at Town Lauraville County Balto MARYLAND

Date 19 00 | Month 2 Day 5 | Age Y. 32 M. D. | Native of | Occupation Wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ Widow Widower | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of John Trasher

Father's Name Henry Grotee | Mother's Maiden Name

Cause of Death: Primary 95 | How long sick

Immediate Appendicitis | Accident, Suicide, Homicide

Reported by Baltimore Co. Democrat

Address

2—10—1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70800

Name in Full | Certificate of Death

Mr Neba Bell Matthews

Died at Town: Mt. Washington | County: Balto | MARYLAND

~~Date 189~~ 1900 | Month: Feb | Day: 9 | Age: Y. 2 M. D. | Native of: Md | Occupation: Bottling Sucker

~~Male~~ | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living

Husband of Wife: — | — | —

Father's Name: Joseph Matthews | Mother's Name: Margaret Matthews

Cause of Death:
- Primary: Pneumonia 72
- Immediate: Exhausting

How long sick: 1 day

~~Accident, Suicide, Homicide~~

Reported by: Dr. J. S. Bowen

Address: Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Jacob Miller

Certificate of Death

Died at Town; Almo House County Balto. Co MARYLAND

Date 1900 Month 2 Day 28 | Age Y. 68 M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia — How long sick

Immediate — Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: William K. Miller

Certificate of Death

Died at — Town: Highlandtown — County: Balto — MARYLAND

Date 19 cv — Month: 2 — Day: 26 — Age: Y. M. D. 14 — Native of: America — Occupation:

Male / Female: 1 — White / Colored: 1 — ~~Married~~ / Single — Widow / Widower — Divorced / Number of children living

Husband of Wife

Father's Name: John Miller — Mother's Maiden Name: Kate Miller

Cause of Death — Primary: Pneumonia — Immediate: Exhaustion — 72

How long sick: 4 days

Accident, Suicide, Homicide

Reported by: J Henry Jm

Address: 2008 Orleans St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

1st Evangelical
Lutheran

Name in Full — Certificate of Death

Christina Montag

Died at — Town: Canton — County: Dalto. — MARYLAND

Date 1900 — Month: II — Day: 13. — Age: Y. 56 — M. — D. 16 — Native of: Germany — Occupation: none

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 3

~~Husband~~ / Wife of Valentine Montag

Father's Name: John Kahler — Mother's Name: Katherine Kahler

Cause of Death — Primary: Influenza – Bronchitis — How long sick: 9

Immediate: Chronic Bronchitis

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: F. W. Schneider

Address: 1013 S. Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full — Certificate of Death

Katie Murdock

Died at Town: Towson, County: Baltimore County, MARYLAND

Date (19)00 Month: Feb Day: 27 | Age Y. 45 M. - D. - | Native of: Maryland | Occupation: Laborer

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ Divorced | Number of children living: one

Husband of — Wife —

Father's Name: ~~Wm~~ Howard

Mother's Name: Mollie Howard

Cause of Death — Primary: Apoplexy — How long sick: Accidently

Immediate: Cold & Indigestion — ~~Accident~~ Suicide, Homicide

Reported by: T. B. Salsbury M.D.

Address: Towson Baltimore Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Annie Myers

Dled at Town Patapsco Neck. County Balto. MARYLAND

Date ~~1[illegible]~~ 1902 Month Feb. Day 20 | Age Y. 40 M. D. | Netive of Md | Occupation Housekeeper

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living Seven

~~Husband~~ Wife of Albert Meyers.

Father's Name Peter F. De-bay Mother's Name Sabina Hohn.

Cause of Death { Primary Phthisis. Immediate Phthisis

22a

How long sick

~~Accident, Suicide, Homicide~~

Reported by Frank C Eldred. M. D.

Address Sparrows Point.

Must be signed by physician, if any in attendance, otherwise [illegible]oroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

Mabel Myers

Died at Town: Alms House County: Baltimore MARYLAND

Date 1909 Month: Feby Day: 13 | Age Y. 46 M. — D. | Native of 2 A.G. | Occupation Pauper

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name | ~~Mother's~~ Name 22a

Cause of Death: Primary Pulmonary Consumption | How long sick 5 years

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by J A Holton Physician

Address Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65962

Name in Full 5963 Certificate of Death

George J. Neighoff

Died at Town Viafettesville County Balto MARYLAND

Date ~~189~~ 1900 Month 2 Day 2 | Age Y. 9 M. 1 D. 7 | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of ~~children living~~

Husband Wife of X

Father's Name David F. Neighoff Mother's Name Kate A Neighoff

Cause of Death Primary Cut up in Rail Road accident How long sick

Immediate 145 d Accident, Suicide, Homicide

Reported by T B Hall Dr

Address J Mt Williams Henry Schafer J. P.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. act. coroner

LIBRARY BUREAU, 79706

Name in Full #6039 Certificate of Death

John Dettoun

Died at Town Bay View County Hospital Balto MARYLAND

Date 1900 Month 2 Day 26 Age Y. 15 M. D. Native of La. Occupation Engineer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband of Wife

Father's Name Mother's Maiden Name 72

Cause of Death Primary Lobar Pneumonia How long sick

Immediate Pulmonary Oedema Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78808

In Balto. 51 yrs.

9 - 10"

Name in Full #6038 Certificate of Death

Flora Pack

Diad at Town Canton County Balt MARYLAND

Date ~~139~~ 1900 Month 2 Day 25 Age Y. 1 M. 5 D. 21 Native of Md Occupation None

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Andrew Pack Mother's Name Martha Pack

Cause of Death Primary Pneumonia 72 How long sick one week

Immediate Asthenia ~~Accident, Suicide, Homicide~~

Raportad by D.W. Jones M.D.

Address 3118 O'Donnell St

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Laura V. Patterson

Certificate of Death

Died at Town Trenton County Balto. MARYLAND

Date 1901. Month 2 Day 3 Age Y. 5 M. 2 D. Native of Trenton Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband / Wife of

Father's Name W. H. Patterson

Mother's Name Elizabeth Cole

Cause of Death: Primary Pneumonia. 72 How long sick 6 days.

Immediate Diphtheria. Accident, Suicide, Homicide

Reported by E. M. Bush M. D.

Address Hampstead Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full X 5988 Certificate of Death

Aulher L. Peppler.

Died at 998 Town Fall Road County Baltimore MARYLAND

Date 1900 Month 2 Day 11 | Age Y. 5 M. 1 D. 15 | Native of German | Occupation None

Male ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife 145-a

Father's Name Geo. L. Peppler Mother's Name Minnie R Peppler

Cause of Death: Primary Shot by Frederick Klug — How long sick 15 minutes

Immediate inward Hemorrhage — Accident, ~~Suicide, Homicide~~

Reported by Artemas V Chalk Cor

Address Mt Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner Artemas V Chalk Corn

of Mt Washington Baltimore Co

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Robert H. Petz

Died at Town Canton County Baltimore MARYLAND

Date 1900 Month Feb. Day 5th | Age Y. — M. 2 D. 5 | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living —

Husband of Wife —

Father's Name Frederick Petz

Mother's Name Elizabeth Petz

Cause of Death: Primary Pneumonia 72 | How long sick one week

Immediate Ashenia | ~~Accident, Suicide, Homicide~~

Reported by S. W. Seldner M.D.

Address Eager & [redacted] Caroline Sts.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Mr. G. Franc.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

Albert Piersol

Died at Town Sunnybrook County Baltimore MARYLAND

Date 19 Month 2 Day 9 | Age Y. Infant M. D. | Native of Md. | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name H. Seymour Piersol

Mother's Maiden Name Etta

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Tawzan Union

Address Feb. 17, 1900

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full William Potts

Certificate of Death

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 2 Day 26 | Age Y. 70 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~Written~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widow~~ | ~~Divorced~~ Number of ~~children~~ living

Husband ~~Wife~~ of Cassie Potts. Mosher St.

Father's Name | Mother's Maiden Name 59.

Cause of Death: Primary Artero Sclerosis | How long sick

Immediate Intra-Cranial Hemorrhage | Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

In Balto. 68 yrs.

Nama in Full #5965

Certificate of Death

Ellen Powers -

Died at Town: Mt Hope Retreat County: Balto MARYLAND

Date 1900 Month: 2 Day: 3rd | Age Y. 68 M. - D. - | Native of Ireland | Occupation House wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Mania Chronic - 46 | How long sick Here 12 yrs - *

Immediate Ex from Pul - Tuberculosis | Accident, Suicide, Homicide

Reported by Frank J. O'Connery

Address Mt Hope Retreat Mt Hope Md -

Must be signed by physicien, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Belvoir Richmond - Va.

Name in Full — Certificate of Death

Ellen Rodney

Died at — Town: Caulton — County: Dalto. — MARYLAND

Date 1900 — Month: Febry. — Day: 10. — Age: Y. 73. M. — D. — Native of: America — Occupation: none

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / Widower — ~~Divorced~~ — Number of children living: 2

Husband / Wife of: Ilse. W. Rodney

Father's Name: don't Know — Mother's Name: don't Know

Cause of Death — Primary: Old age — 141 — How long sick: a few days

Immediate: Paralysis & heart — ~~Accident, Suicide, Homicide~~

Reported by: F. W. Schneider M.D.

Address: 1013 E Caulton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John J. Rohleder

5962

Died at Town Mt Hope Retreat County Baltimore Co MARYLAND

Date ~~1900~~ 1900 Month 2nd Day 2nd | Age Y. 60 M. — D. — | Native of Maryland | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

46

Cause of Death: Primary Mania Chronic | How long sick Here 8 yrs -

Immediate Ex from Cancer of Pylorus (?) | ~~Accident, Suicide, Homicide~~

Reported by Frank J. Flannery

Address Mt Hope Retreat Mt Hope Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Belongs to Balto. City

Name in Full

Certificate of Death

Town: Eastern Ave Road | County: Baltimore | MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
2	8					None

Date ~~1900~~ 1900

Age

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / Widower

~~Divorced~~

~~Number of children living~~

Husband of

Wife

Father's Name: Henry Rothe

Mother's Name: Johanna R Rothe

Cause of Death:

Primary

Immediate: Still Birth

How long sick

Accident, Suicide, Homicide

Reported by: Mrs Maggie Shaning

Address: 710 S Third St Canton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5993

Certificate of Death

George W. Rathkrauff -

Died at Mt Hope Retreat (Town) Mount Hope (County) Balto Co - MARYLAND

Date 1900 Month 2 Day 10 | Age Y. 39 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 46

Cause of Death: Primary Mania Chronic

Immediate Ex-from Pul. Gangrene following an attack of Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt Hope Retreat Mt Hope · Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Belonejo & Baltimore

Name In Full

Certificate of Death

Sylvester Saunders

Died at Town: St Denis County: Balto co MARYLAND

Date ~~1899~~ Month: Feb Day: 18 1900. | Age Y. 50 M. D. yrs | Native of Md | Occupation Laborer

~~Male~~ / ~~Female~~ | ~~White~~ / Colored | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living Four

Husband / Wife of Josephine Saunders

Father's Name | Mother's Name 72

Cause of Death: Primary Pneumonia — How long sick Seven days

Immediate Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. H. F. Bradley

of St Denis Md

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from _____

of _____

Edmund Parker

Name in Full

Certificate of Death

#5992 Eva Schleupner

Died at Town Calmsville County Balt

MARYLAND

Date 1860 Month Feb Day 13 | Age Y. 26 M. 9 D. 7 | Native of Md | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ of Wife Andrew J. Schleupner

Father's Name Geo Caspar Hohman

Mother's Name Dorothea Hohman

Cause of Death

Primary Phthisis Pulmonalis

Immediate Hemorrhage 22 a

How long sick 2 years

Accident, Suicide, Homicide

Reported by Dr. C L Mattfeldt

Address Calmsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79895

Name in Full

Certificate of Death

#6045 John Schmidt

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 2 Day 24 Age Y. ~~M.~~ ~~D.~~ 73 Native of Ger. Occupation Labour

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

97

Cause of Death: Primary Chronic Interstitial Nephritis

Immediate Asthenia

How long sick

Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 25 yrs.

Name in Full #5990 Certificate of Death

Wm Schubert

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 2 Day 8 | Age Y. 81 M. D. | Native of Germany | Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife In City 2 years

Father's Name Mother's Name 72

Cause of Death: Primary Lobar Pneumonia | How long sick 4 days

Immediate Asthenia | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

John Albert Schultz

Certificate of Death

201

Died at Town Rossville County Balto MARYLAND

Date 1900 Month Feby Day 13 | Age Y. 3 M. 2 D. | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced ~~Number~~ of children living

Husband of
Wife

Father's Name Frederick Schultz | Mother's Name Lydia Klein

Cause of Death — Primary: Broncho Pneumonia — How long sick 7 days

Immediate: Heart Failure — Accident, ~~Suicide, Homicide~~

Reported by C. V. Mace M. D. 92

Address Rossville. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Sarah Louisa Seabrooks

Died at Town Chase County Balto Co MARYLAND

Date 1900 Month Feby Day 21 Age Y. 52 M. 0 D. 7 Native of Md Occupation Housework

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband of~~ Wife ~~Rich~~

Father's Name Wm Carback Mother's Name Mary Carback

Cause of Death Primary Cancer of Uterus 25d How long sick about 1 yr

Immediate ~~Accident~~, Suicide, ~~Homicide~~

Reported by Johnson, Harris — Md

Address Middle River Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #6034

Certificate of Death

Lewell John Edgard.

Died at Md. Hospital for Insane. Town Catonsville County MARYLAND

Date 1900 Month 2 Day 26 | Age Y. 44 M. - D. - | Native of Maryland | Occupation Machinist

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of —

Wife

Father's Name

Mother's Name

Cause of Death { Primary Dementia 46 | How long sick

Immediate Tuberculosis | Accident, Suicide, Homicide

Reported by Dr J. Percy Wade. jr M.D.C.

Address Catonsville Md

Must be signed by physician, if eny in attendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79899

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Edna A. Smith

MARYLAND

Died at Town Sunny Brook County Baltimore

Date ~~1902~~ 1900 Month Feb Day 11th Age Y. 4 M. 8 D. 9 Native of Baltimore Co Occupation ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Parents~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~ ——

146

Father's Name Charles W. Smith Mother's Name Laura A. Smith

How long sick

Cause of Death Primary Extensive Scalds 3 weeks

Immediate Nervous exhaustion

Reported by R. Percy Smith M.D.

Address Sunny Brook Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Edna Lyda Smith

Died at Town Butler County Balto MARYLAND

Date ~~189~~ 1900 Month 2 Day 21 Age Y. 12 M. — D. — Native of Butler Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Robt. R. Smith Mother's Name Mary Smith

Cause of Death Primary Phthisis Pulmonalis How long sick Six months

Immediate Epistaxis 22a Accident, Suicide, Homicide

Reported by J. H. Drach M.D.

Address Butler Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name in Full #6013 Mary J. Smith

Certificate of Death

Died at Mt Hope Retreat (Town) Balto (County) MARYLAND

Date 1900 Month 2nd Day 17 | Age Y. 63 M. — D. — | Native of | Occupation

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living

Husband of

Wife

Father's Name

Mother's Name 46

Cause of Death: Primary Dementia - Post Paralysis

Immediate Ex - Right Hemiplegia

How long sick

Accident, Suicide, Homicide

Reported by Frank J. Flannery,

Address Mt Hope Retreat Balto Co, Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Belongs to Bolt

Name in Full # 6003

Certificate of Death

Colonel Robert Carter Smith

Died at Town Catonsville County Baltimore MARYLAND

Date 1900 Month Feb Day 13 Age Y. M. D. 72 Year Native of Maryland Occupation Bailiff

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ——

5-9

Father's Name Yeal Spear Smith Mother's Name Caby Nicholas

Cause of Death Primary Hypertrophy Heart - Arteriosclerosis How long sick 6 or 7 Years

Immediate Dropsy death Sudden Accident, Suicide, Homicide

Reported by Chas J W Macgill MD

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full #5982 Certificate of Death

Wm E. Staeblin

Died at Town Greene County Balto, MARYLAND

Date ~~189~~ 1900 Month Feb Dey 7 Age Y. 37 M. 11 D. 14 Native of Balto. Occupation Clerk

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Theodore Staeblin Mother's Name Mary Leadbeats 22a

Cause of Death Primary Phthisis Pulmonalis How long sick 7 mo.

Immediate Accident, Suicide, Homicide

Reported by Geo H. Hocking, Md

Address Sta H. Balto,

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79908

Name In Full

Certificate of Death

Flora May Starr

Died at Town: Pikesville County: Baltimore MARYLAND

Date	Month	Day	Age Y.	M.	D.	Native of	Occupation
1907	2	13	27	—	—	Md	Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — Divorced — Number of children living 4

Husband of Wife: Wm Starr

Father's Name: Daniel Spurrier — Mother's Name: 72

Cause of Death — Primary: Pneumonia — How long sick: 8 days

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by: H Lorin Naylor

Address: Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

5989 Joseph E. Sweet.

Died at Town: Irvington County: Balto. Co. MARYLAND

Date 1900 Month: 2 Day: 10 | Age Y.: 56. M.: — D.: — | Native of: England | Occupation: Assist Supt. Insurance

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 3 children

Husband / Wife of: Elizabeth A. Sweet.

Father's Name: Joseph Sweet. Mother's Name: 14

Cause of Death — Primary: Metastatic abscess

Immediate: Pyemia

How long sick: 6 days

~~Accident, Suicide, Homicide~~

Reported by: Geo R. Graham, M.D.

Address: 725 Columbia ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

Attended by Dr. Geo R. Graham

of Baltimore. Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

George Lee Swigert

Town County

Died at Gwynnbrook Baltimore (S.A.) MARYLAND

Date 1900 Month Feb. Day 23 | Age Y. 27. M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living 1

Husband of Wife Rosa Bowers

Father's Name Daniel A Swigert | Mother's Name Elizabeth Fisher

Cause of Death: Primary Cold 25 g | How long sick 2 weeks

Immediate Cancerous growth of throat | Accident, Suicide, Homicide

Reported by Dr W. H. H. Campbell

Address Owings Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Mrs Ann Eliza Talbott

Died at Town Taylors Hall Lunonium County Balto MARYLAND

Date 1900 Month Feb Day 15 | Age Y. 73 M. 1 D. 20 | Native of Md | Occupation Housewife Farming

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of Joshua F C Talbott

Father's Name Amon Bosley Mother's Name Rebecca Marsh

Cause of Death: Primary Heart - 66 | How long sick 2 weeks 2 days

Immediate Paralysis (Respiratory Centers) | ~~Accident, Suicide, Homicide~~

Reported by Dr B R. Benson

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Ann Eliza Talbott

Died at Town: Lemonium County: Balto. MARYLAND

Date 19 Month: 2 Day: 15 | Age Y.: 74 M. D. | Native of: Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ Wife of Joshua F. C. Talbott

Father's Name Mother's Maiden Name

Cause of Death: Primary / Immediate — 161 — How long sick

Accident, Suicide, Homicide

Reported by Dawson Inman

Address

Feb. 17, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full — Certificate of Death

John Taylor.

Died at Town: Lutherville County: Balto. MARYLAND

Date 1900 Month 2 Day 24 | Y. M. D. | Native of | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

~~Father's~~ Name Illegitimate | Mother's Name

Cause of Death: Primary Tuberculosis (Pulmonary) — How long sick

Immediate Asthenia — Accident, Suicide, Homicide

Reported by Dr. Thos. C. Bussey

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full #6037 Millard F. Taylor

Certificate of Death

Died at Town: Turkey Point County: Balto 15th Dist MARYLAND

Date 1900 Month: Feb Day: 24 | Age Y. 42 M. D. | Native of Balto | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Thaddeus Taylor | Mother's Name Mary Taylor

Cause of Death: Primary Exposure 152a | How long sick X

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Chas Pilch J.P

Address 15 Dist Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Lila Zeda Thomas

Certificate of Death

Died at St. George (Town) Baltimore (County) MARYLAND

Date 1900 Month Feb. Day 22 | Age Y. 4 M. 9 D. | Native of Md. | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Thomas H Parker

Mother's Name Rosa Sparrier

Cause of Death: Primary Diphtheria 8a

Immediate Exhaustion

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by James Gorn M.D.

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. James Gore

of Reisterstown Md.

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Lula Thuma

Died at Town Cockeysville County Balto MARYLAND

Date 1900 Month Feb Day 20 | Age Y. 15 M. – D. – | Native of Md | Occupation School –

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Mr J. A. Thuma Mother's Maiden Name Laura McCannon

Cause of Death: Primary Cerebro Spinal Meningitis — How long sick 56 hours

Immediate Effusion — ~~Accident, Suicide, Homicide~~

Reported by Dr B. R. Benson

Address Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79298

Name in Full — Certificate of Death

Henricka Toner

Died at — Town: 2d Ave — County: Baltimore — MARYLAND

Date 1900 — Month: Feb. — Day: 14. — Age: Y. 63 M. — D. — Native of: Germany — Occupation: None

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living: None

~~Husband~~ / Wife of: Toner 90

Father's Name: don't Know — Mother's Name: don't Know

Cause of Death — Primary: Cirrhosis of the liver — How long sick: about a month

Immediate: Mitral Insufficiency — ~~Accident, Suicide, Homicide~~

Reported by: J. W. Schneider M.D.

Address: 1013 S Caton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Coroner IV Vol 40

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

#5976 Mary Looby

Certificate of Death

Died at Town: Sherwood County: Balto. MARYLAND

Date 1900 Month: Feb Day: 5 | Age Y.: 60 M.: D.: | Native of: Ireland | Occupation: Cook

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of ——

Wife

Father's Name: Not known

Mother's Name: Not known

Cause of Death: Primary: Burned 146a

Immediate:

How long sick:

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: H. Burton Clemson

Address: Rider, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

#5981 Amos Topping

Died at Bay View Hospital Town / Balto. Co. County MARYLAND

Date ~~1900~~ Month 2 Day 6 | Age Y. 76 M. D. | Native of Md. | Occupation Laborer

~~Male~~ / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 97

Cause of Death: Primary Chronic Nephritis — How long sick 3 1/2 months.

Immediate Uraemia — ~~Accident, Suicide, Homicide~~

Reported by H. G. Keidel Jr. M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 34 yrs.

Name in Full

Certificate of Death

Sleweth Tracey

Died at Town Hereford County Baltimore MARYLAND

Date 1900 Month Feb Day 10 | Age Y. 89 M. 11 D. 10 | Native of Md | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living none

Husband of Wife Ellen Tracey

Father's Name Joseph Tracey Mother's Name dont know

Cause of Death Primary Paralysis 44 How long sick one week

Immediate Coma ~~Accident, Suicide, Homicide~~

Reported by A.R. Mitchell

Address Hereford, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full #6053

Certificate of Death

Wm. H. Turner

Died at Town Bay View County Hospital MARYLAND

Date 1900 Month 2 Day 28 | Age Y. 91 M. D. | Native of England | Occupation Timber

Male ~~Female~~ | White ~~Colored~~ | Married Single Not known | Widow ~~Widower~~ | Divorced Number of children living

Husband of Wife

97

Father's Name | Mother's Maiden Name

Cause of Death: Primary Chronic Nephritis | How long sick

Immediate Uraemia. Pul. Oedema | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 44 yrs.

Name in Full

Cartificate of Death

Frances Vallerly

Died at Town Canton County Baltimore MARYLAND

Data 1900 Month Feb. Day 27 | Aga Y. 66 M. — D. — | Native of Germany | Occupation House keeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living three

~~Husband~~ of Wife Joseph Vallerly

Father's Name don't know Mother's Name don't know

Cause of Death { Primary Nephritis. Immediate Uraemia.

How long sick about 12 days

~~Accident, Suicide, Homicide~~

Reported by D. W. Jones M. D

Address 3118 O'Donnell St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full *6033 Certificate of Death

John Baptist Van der Wee Brother Alexius

Died at Mt. St. Josephs College Baltimore Co MARYLAND

Town County

Date 189 Feby. 24 1900 Month Day Age 76 Yrs. + 4 ds Y. M. D. Native of Belgium Occupation Religious

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name Mother's Name

Cause of Death Primary Pneumonia 72 How long sick Nine days

Immediate Heart failure Accident, Suicide, Homicide

Reported by Jno. S. Holliday M.D.

Address 714 Fredk ave Baltimore City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
	3	10	Age 74				

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | Divorced Number of children living

~~Husband~~ Wife of

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

Name in Full William Weitz

Certificate of Death

Died at Town Ashland County Balti MARYLAND

Date 1900 Month Feb Day

Age Y. 19 M. 4 D. 26

Native of Md

Occupation Student

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband of Wife

Father's Name Charles Weitz

Mother's Name Elisabeth Weitz

Cause of Death: Primary Exposure to Heat; Immediate Exhaustion

How long sick 2 hours

Accident, Suicide, Homicide

Reported by Dr J E Benson

Address Cockeysville Balti Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

Albert Williams

Died at Town: Towson County: Balto MARYLAND

Date 1900	Month 2	Day 3	Age Y. 6	M.	D.	Native of MD	Occupation Infant

Male ~~Female~~ ~~White~~ Colored Married X Single Widow X Widower Divorced X Number of children living

Husband of ~~Wife~~ Child

Wife Virginia Williams

Father's Name

Mother's Name 161.

Cause of Death — Primary: no physician in attendance

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Benj Hicks Undertaker

Address Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989B

Name in Full

Certificate of Death

Harriet Williams

Died at Town: Bay View Asylum (Insane Dept.) County: Baltimore County. MARYLAND

Date 1900 Month: Feby Day: 21st | Age Y. 76 M. — D. — | Native of: Baltimore | Occupation: Domestic

~~Male~~ Female · ~~White~~ Colored · ~~Married~~ Single · ~~Widow~~ ~~Widower~~ · ~~Divorced~~ Number of children living ~~—~~

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death — Primary: Chronic Interstitial nephritis — How long sick: 3 or 4 weeks

Immediate: Hypostasis

Accident, Suicide, Homicide

Reported by R. H. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

James D Wilson

Died at Town: Dunmore Park County: Baltimore MARYLAND

Date 1900 Month: 2 Day: 26th Age Y. M. D.: 32. Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of Mary Wilson

Father's Name | Mother's Name

Cause of Death: Primary Gastritis 81 | How long sick

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Stewart & Mowen Undertakers

Address 215 Park ave Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66[illegible]8.

Dr Edwin E Jones of West
Arlington Claims to not
have any of these Blanks
hence made out this Certificate
in the old form

Stewart Brown